Effective October 1, 2000									09913198				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN			
TOTAL CLAIMS					Proceeding that the control		Г	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	१ - minus 20=		. 13-			X\$ 9=		OR	X\$18=			
INC	EPENDENT CI	7 minus 3 =		9		ſ	X40=		ÓR	X80=			
MU	LTIPLE DEPEN	RESENT					+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL		
2_17 GLAIMS AS AMENDED - PART II									<u> </u>	JON	OTHER	THAN	
Column 2) (Column 3)						_	SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	. 37	Minus	. 3	7	• D		X\$ 9=	·	OR	X\$18=		
	Independent	$\cdot / >$	Minus	••• /	2	- <i>B</i>		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+135=		OR	+270=		
	9 N	~ .					. L	TOTAL		OR	TOTAL ADDIT. FEE		
$\ \cdot\ $	(Column 1) (Column 2) (Column 3)							DDIT. FEE			AUUII. PEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	(EST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	1.37	Minus	• 3	7	= 10		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	NTATION OF M	Minus ULTIPLE DEF	enDENT	CLAIM	[= <u>1</u>)	\prod	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)			•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		= '] [X\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••		=	Į ľ	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM		┚┠	+135=	<u> </u>				
. 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								<u> </u>	OR	+270=		
** I	I the "Highest Nu	mber Previously Pr mber Previously P	uid For IN THI	S SPACE	s less tha	n 20, enter "20	· A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		nber Previously Pai					er four	nd in the ap	opropriate bo	x in co	iumn 1.		

Application or Docket Number